Registrorion District No. 29 4 Primary Registrorion District No. 20 5 Registroris No. 29 1 1. PLACE OF DEATH 2. COUNTY ACCOUNTY ACCO	GIFD I	11 1 405		HE DIVISION OF HE	ALTH OF MISSOURI		
Registration District No	LITER OF	NF 1 1821	, s	TANDARD CERTIF	ICATE OF DEATH		^_^ ~
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38. BURIAL CREMATION. 236, DATE 23c., NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, topin, or country) (State) PREMOVAL (Specify) LINE 27-1957 FLASS ADDRESS ADDRESS ALEN SUMMER ALDRESS ALEN SUMMER ALBRESS AL		0. 16		2 0	1	1.70.	0.1. 6/12/5
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STATEMENT BY LICENSED EMBALMER

I hereby certify th	at the body who	se na:	me is 1	recorded on the reverse	side of this certificate was
hy me or by	· ,			Secretary of the secret	, Student Embalmer No
working under my perso	•*			e e e san e e galicia.	

Licensed Embalmer Nof 9.

P. O. Address Motes The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.